

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 1/16/04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99211 –25, 20550, 20550 –51 (x2) for date of service 9/23/03.

II. RATIONALE

The services in dispute were denied as, “G -11-The provider billed for the visit on the same day as a surgical procedure. Documentation does not support a significant and separately identifiable E/M service was performed by the doctor on the same day as the procedure” and “JM - Accurate coding of services rendered is essential for proper reimbursement. The code and/or modifier billed is invalid. Please refer to the applicable medical fee guideline and/or Medicare guideline for the correct code or modifier for the service rendered.”

The Requestor states, in their letter dated 2/3/04, “The denial of 99211 –25 was incorrect because this code was billed with a modifier which states, “To indicate that on the day a procedure or service was performed, the patient’s condition required a significant, separately identifiable E/M service above and beyond the other service provided or the usual preoperative and postoperative care associated with the procedure that was performed.” Second, code 20550 for the trapezial trigger point injections was denied incorrectly. This code cannot be global to any other procedure code as it is a separate procedure and separate injection. We billed these codes exactly according to the new Medical Fee Guideline.

The Carrier’s position statement dated 1/30/04, states “The Requestor did not document a separately identifiable service in addition to the surgery services that were billed. On the same day as the date of service in dispute, the requestor billed for trigger point injections. The injured worker had simply returned for the trigger point injections previously recommended on 9/10/03.” (Dictation, for date of service 9/10/03, was provided that states, “We will precert for trapezial trigger point injections. Return appointment in two weeks.”) The Requestor had no new complaints and the provider provided no new diagnosis and no new recommendations for treatment. It is this carrier’s position that code 20550 is an improper code for trigger point injections. The requestor improperly coded the trigger point injections using the 1996 TWCC Medical Fee Guideline.

Commission Rule 134.202 (b), Medical Fee Guideline, effective 8/1/03, states that, “For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a services is provided with any additions or exceptions in this section.”

The definition of modifier –25 states, “The patient’s condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed.” The documentation provided for the disputed date of service does not meet the required elements, therefore, reimbursement is not recommended for CPT 99211 –25.

CPT code 20550 is defined as an injection (s); tendon sheath, ligament. The operative report states, “Trapezial trigger point injections.” Per Rule 134.202 and Medicare Guidelines, coding and billing does not support the operative report. Therefore, reimbursement is not recommended for CPT 20550 and 20550 –51 (x2).

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 19th day of April 2004.

Terri Chance
Medical Dispute Resolution Officer
Medical Review Division

TC/tc